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CONFIRMATION NO. 2674

Bib Data Sheet

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|---|---|-----------------------------------|--|---|
| SERIAL NUMBER 09/891,420 | FILING OR 371(c) DATE 06/27/2001 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. 12013/51801 |
| APPLICANTS Charles D. Lennox, Hudson, NH; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 09/219,373 12/23/1998 PAT 6,206,283 which is a CON of 09/080,237 05/18/1998 PAT 6,280,411 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/26/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY NH | SHEETS DRAWING 3 | TOTAL CLAIMS 25 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS 23838 | | | | |
| TITLE Localized delivery of drug agents | | | | |
| FILING FEE RECEIVED 908 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |